



The Regulation and
Quality Improvement
Authority

Inspector: Sharon McKnight
Inspection ID: IN21932

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**Unannounced Care Inspection
of
Lisnisky**

2 July 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 2 July 2015 from 10 00 to 15 20 hours. The inspection was undertaken to assess the level of compliance attained regarding the requirements and recommendations made as a result of the previous inspections on 20 January 2015. The inspection focused on a number of requirements which were stated initially on 5 March 2014 and subsequently reviewed and restated on 20 January 2015.

Overall on the day of the inspection, concerns and areas of improvement were identified and are required to be addressed. These areas are set out in the Quality Improvement Plan (QIP) within this report. Refer also to section 1.2 and 5.2 below.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015, relate to DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 Standards until compliance is achieved. Please also refer to sections 5.2 and 6.2 of this report.

For the purposes of this report, the term 'patients' will be used to describe those living in Lisnisky which provides both nursing and residential care.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 20 January 2015.

1.2 Actions/Enforcement Resulting from this Inspection

As a result of the inspection, RQIA were concerned that the quality of care and service within Lisnisky was below the minimum standard expected. The findings were reported to senior management in RQIA, following which a decision was taken to hold a serious concerns meeting with the registered person. An urgent action record regarding the standard of cleanliness of equipment and the environment and systems in place to ensure the safety of electrical equipment was issued to Joseph Jolly, home manager, at the end of the inspection. These actions are required to be addressed without delay to ensure the safety and wellbeing of patients in the home. RQIA received an e mail from the regional manager on 3 July 2015 confirming that action to address the urgent issues had commenced.

The inspection findings were communicated in correspondence to the registered person, Dr Claire Royston, and a meeting took place at RQIA on 10 July 2015. The meeting was attended by Dr Royston, registered person, Jolly Joseph, home manager, JP Watson, managing director, Joanne Strain, head of nursing, care standards and quality and Heather Murray, regional manager. Assurances were given and an action presented outlining how the organisation plan to address the identified deficits. A follow-up inspection will be undertaken to monitor the progress made.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	4	1

The details of the Quality Improvement Plan (QIP) within this report were discussed with the home manager Jolly Joseph and regional manager Heather Murray as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Four Seasons Health Care	Registered Manager: See below
Person in Charge of the Home at the Time of Inspection: Jolly Joseph (Acting manager)	Date Manager Registered: Mrs Joseph has been acting manager from 3 November 2014.
Categories of Care: NH-DE, RC-I, RC-MP(E), RC-PH, RC-LD(E), NH-I, NH-TI	Number of Registered Places: 63
Number of Patients Accommodated on Day of Inspection: 42 nursing and 12 residential.	Weekly Tariff at Time of Inspection: Residential - £470.00 Nursing - £593.00

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection.

4. Methods/Process

Specific methods/processes used in this inspection include the following:

- discussion with the manager
- discussion with staff
- discussion with patients
- discussion with one relative
- review of records
- observation during a tour of the premises
- evaluation and feedback.

Prior to inspection the following records were analysed:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the previous care inspection report.

During the inspection, the inspector met with seven patients individually and with the majority generally, two registered nurses, one senior care staff, four care staff and the relative of one patient.

The following records were examined during the inspection:

- care records
- training records
- equipment cleaning schedules.

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 20 January 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the last care inspection

Last Care Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: 27,(2)(a)(b)(c)(d)(l)</p> <p>Stated: Second time</p>	<p>The registered person must ensure the following issues are effectively addressed and RQIA are informed of the action taken;</p> <ul style="list-style-type: none"> • equipment used by patients' is properly cleaned and maintained in accordance with the manufacturers' instructions including equipment such as fall out mats, wheelchairs and commodes • implement an effective process for cleaning extractor fans in the home • confirm that woodwork and paintwork in the residential unit dining room has been upgraded and a water stain on the ceiling has been removed • all areas in the home must be hygienically cleaned and the management of odours in identified bedrooms including one double bedroom, bathrooms, shower rooms and toilet, corridor and identified sluice areas must be addressed • robust processes are implemented to ensure patient bedrooms are kept clean and tidy • patients and residents accommodated in overlooked bedrooms are offered privacy screening to assist in maintaining their privacy and meeting their needs. 	<p>Partially Met</p>

Action taken as confirmed during the inspection:

Equipment used by patients was not maintained to an acceptable standard of cleanliness. This element of the requirement has not been met.

Whilst some extractor fans were observed to be dust free a number were observed to be dusty. This element of the requirement has been partially met.

The dining room in the residential unit had been redecorated since the previous inspection. However stains remained visible on the ceiling. This element of the requirement has been partially met.

The environment was not maintained to an acceptable level of cleanliness, was cluttered and generally untidy. This included patient bedrooms. This element of the requirement has not been met.

Assurances were provided by the manager that the privacy needs of the patients in the identified rooms were kept under review. The inspector was satisfied that at the time of inspection patient privacy was not compromised in these rooms. This element of the requirement has been met.

Further issues have been identified with the overall décor of the home and are discussed in section 5.3 of this report.

This requirement has been stated for a third and final time.

<p>Requirement 2</p> <p>Ref: 19(1)(a), schedule 3, (3)(k)</p> <p>Stated: Second time</p>	<p>It is required that the registered person shall maintain contemporaneous notes of all nursing provided to the patient.</p> <ul style="list-style-type: none"> • Repositioning charts must be accurately maintained to evidence the care delivered. • Review the data inputting of contemporaneous records to ensure records accurately reflect the time care and treatment is actually delivered. 	<p>Not Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of two patients repositioning charts did not evidence that care was being delivered. Over a 48 hour period there was one entry for each patient to evidence that they had been repositioned. Staff spoken with were knowledgeable regarding the patients' individual needs and confirmed that the patients did not have pressure ulcers. However there were no records to evidence care delivery.</p> <p>This requirement has been stated for a third and final time.</p>		
<p>Requirement 3</p> <p>Ref: 13(7)</p> <p>Stated: Second time</p>	<p>The registered person must ensure that effective evidence based infection prevention and control processes are in place at all times.</p> <ul style="list-style-type: none"> • fall out mats must not be stored in sluice rooms • basins must be decontaminated after use • confirmation is required that all pull cords have fully wipeable covering to ensure they can be cleaned. 	<p>Met</p>
<p>No fall out mats were observed stored in sluice rooms. Staff spoken with, and observations made, confirmed there were suitable cleaning products available for the decontamination of basins after use. The pull cords in toilets and bathrooms were observed to have wipeable covers. This requirement has been met.</p>		

Last Care Inspection Recommendations		Validation of Compliance
<p>Recommendation 1</p> <p>Ref: Standard 34.1</p> <p>Stated: First time</p>	<p>The manager should consider the provision of disposable urinals and bedpans to reduce infection control risks to patients, residents and staff, and inform RQIA of any decision made in this regard.</p> <hr/> <p>Action taken as confirmed during the inspection: Discussion with staff and observations confirmed that disposable urinals and bedpans to reduce infection control risks to patients, residents and staff were available. This recommendation has been met.</p>	Met
<p>Recommendation 2</p> <p>Ref: Fitness of the premises- existing homes-E8</p> <p>Stated: First time</p>	<p>RQIA require confirmation that misplaced call bells have been replaced in three identified residents' bedrooms.</p> <hr/> <p>Action taken as confirmed during the inspection: Confirmation was provided to RQIA on the returned quality improvement plan that the misplaced call bells had been replaced. This recommendation has been met.</p>	Met
<p>Recommendation 3</p> <p>Ref: Fitness of the premises- existing homes-E1</p> <p>Stated: First time</p>	<p>RQIA require confirmation that the proposed upgrading and refurbishment works has been completed to the required standards and within the proposed three month timescale.</p> <hr/> <p>Action taken as confirmed during the inspection: Some upgrading and refurbishment works were completed following the previous inspection. However additional issues have been identified with overall standard of décor of the home and are discussed in section 5.3 of this report. This recommendation has not been addressed and has been subsumed into a requirement.</p>	Partially Met

<p>Recommendation 4</p> <p>Ref: Standard 35.1</p> <p>Stated: First time</p>	<p>The manager should ensure one patient's moving and handling assessment is reviewed to ensure the hoist equipment in use is appropriate to meet the patient's assessed mobility needs. RQIA should be informed of the review outcome.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Confirmation was provided to RQIA on the returned quality improvement plan that the patient's moving and handling assessment was reviewed to ensure the hoist equipment in use was appropriate to meet the patient's assessed mobility needs. This recommendation has been met.</p>	<p>Met</p>
<p>Recommendation 5</p> <p>Ref: Standard 19.2</p> <p>Stated: First time</p>	<p>The manager must confirm that all nursing and care staff have received continence care training.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Continence training has been planned for 8 July 2015 with staff identified to attend. This recommendation has been partially met and has been stated for a second time.</p>	<p>Partially Met</p>
<p>Recommendation 6</p> <p>Ref: Standard 19.1 and 19.4</p> <p>Stated: First time</p>	<p>The manager should appoint a link nurse(s) for continence care, and undertake audits on continence management ensuring audit findings are acted upon to enhance standards of continence care for patients and residents.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The manager and registered nurses spoken with confirmed that a link nurse had been identified for continence and that part of their role was to undertake audits as required. This recommendation has been met.</p>	<p>Met</p>

5.3 Inspection findings

5.3.1 Management of equipment

A number of issues regarding the cleanliness of equipment were identified during an inspection of the premises. Equipment in use, for example wheelchairs, specialised seating and hoists, were not maintained to an acceptable level of cleanliness. Frames of wheelchairs were dusty and the fabric of the seats stained. There were a number of patients observed in

individual, specialised chairs. These chairs were not being regularly cleaned resulting in a build-up of dust, food debris and general stains. The foot rests on the hoists were dusty with stains evident on the metal frames. There were numerous fall out mattresses in use and many of these were stained and had ripped covers. Portable raised toilet seats were not being cleaned thoroughly and were stained.

Cleaning schedules were in place with specific items of equipment identified for cleaning each night. Review of the completed schedules in the general nursing unit evidenced that staff had signed that the cleaning duties had been completed on 24 out of 30 nights in June 2015. It was obvious, however, from the poor state of cleanliness of the equipment that these records were not an accurate reflection of the cleaning undertaken. A requirement was made as a result of an inspection on 5 March 2014 and 20 January 2015 to ensure that equipment used by patients is properly cleaned and maintained clean.

Following discussion with senior management in RQIA it was agreed that, whilst elements of this requirement have been partially met, overall, the requirement is assessed as not met. Given that some progress has been made to comply with the requirement it was agreed that the registered person would be invited to a serious concerns meeting to discuss the inspection findings and to outline the planned corrective action. At the serious concerns meeting RQIA confirmed that a lack of progress in relation to the cleanliness of equipment and the general environment would lead to enforcement action. This requirement has been stated for a third and final time.

An electrical appliance in use was observed to have significant damage to the electrical plug casing. A red sticker was attached with the wording "Failed – Do not use." Discussion with the manager evidenced that Portable Appliance Testing (PAT) had been completed the previous week on electrical appliances. This piece of equipment had failed the testing. However it had not been removed from use. This was brought to the immediate attention of the home manager and action was taken prior to the conclusion of this inspection to ensure that the equipment had been repaired and was safe to use. A requirement has been made in relation to the ongoing management of equipment.

5.3.2 Environment

The home environment was not maintained to an acceptable level of cleanliness, was cluttered and was untidy, particularly in the general nursing unit. Bedrooms were dusty and there was a lack of thorough cleaning and attention to detail noted. Odours were present in a number of bedrooms, bathrooms and shower rooms throughout the home. A requirement was made as a result of an inspection on 5 March 2014 and 20 January 2015 to ensure that all areas of the home were cleaned and odours addressed.

Following discussion with senior management in RQIA it was agreed that, whilst elements of this requirement have been partially met, overall, the requirement is assessed as not met. Given that some progress has been made to comply with the requirement it was agreed that the registered person would be invited to a serious concerns meeting to discuss the inspection findings and to outline the planned corrective action. This requirement has been stated for a third and final time.

The general décor of the home had deteriorated further since January 2015 and was not maintained to an acceptable standard. The following areas for improvement were identified:

- bedrooms throughout the home required redecorating as the walls were discoloured, some were damaged and the paintwork chipped;
- radiator covers were damaged and the paintwork was chipped;
- woodwork throughout the home were damaged and required re-painting; and
- flooring was stained in bedrooms, bathrooms and shower rooms and required to be replaced.

Some refurbishment work had been completed following the previous inspection on 20 January 2015. The main reception area and hall had been repainted and the flooring replaced, the corridors in the residential unit had been repainted and new flooring provided. The décor in the dementia unit corridors and communal areas had been refreshed in keeping with the dementia initiative Positively Enriching and Enhancing Residents' Lives (PEARL) and included a reminiscent theme. The residential dining room had been repainted. New bedroom furniture had been provided in some bedrooms. However the positive impact of the new furniture was lost due to the poor state of the décor in the rooms where the furniture was provided.

A recommendation was made following the inspection on 20 January 2015 that the proposed upgrading and refurbishment works would be completed. Whilst acknowledging the some work had been completed and that costings had been sought for further upgrading of a number of bathrooms and shower rooms and to replace curtains, soft furnishings and some bedroom furniture, there had been no provision made for redecoration. A requirement has been made.

Areas for Improvement

Equipment used by patients' must be properly cleaned and maintained in accordance with the manufacturers' instructions.

Any electrical equipment which is damaged must be removed from use until it has been repaired and deemed safe by an appropriately qualified person. The internal processes to ensure the safe management of equipment which does not pass the electrical PAT must be reviewed.

All areas in the home must be hygienically cleaned and odours managed.

The décor in the home must be maintained to an acceptable standard.

Number of Requirements:	3	Number of Recommendations:	0
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6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Jolly Joseph, home manager and Heather Murray, regional manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes, April 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to nursing.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Statutory Requirements

<p>Requirement 1</p> <p>Ref: Regulation 27,(2)(a)(b)(c)(d)(l)</p> <p>Following discussion with senior management in RQIA it was agreed that, as some progress has been made to comply with the requirement, the registered person would be invited to a serious concerns meeting to discuss the inspection findings and to outline the planned corrective action.</p> <p>Stated: Third time</p> <p>To be Completed by: 30 July 2015</p>	<p>The registered person must ensure the following issues are effectively addressed and RQIA are informed of the action taken;</p> <ul style="list-style-type: none"> • equipment used by patients' is properly cleaned and maintained in accordance with the manufacturers' instructions including equipment such as fall out mats, wheelchairs and commodes • implement an effective process for cleaning extractor fans in the home • confirm that woodwork and paintwork in the residential unit dining room has been upgraded and a water stain on the ceiling has been removed • all areas in the home must be hygienically cleaned and the management of odours in identified bedrooms including one double bedroom, bathrooms, shower rooms and toilet, corridor and identified sluice areas must be addressed • robust processes are implemented to ensure patient bedrooms are kept clean and tidy • patients and residents accommodated in overlooked bedrooms are offered privacy screening to assist in maintaining their privacy and meeting their needs. <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <ul style="list-style-type: none"> - All equipment used by residents' has been cleaned and new decontamination records introduced to aid the maintenance of this - All extractor fans have been cleaned and a process is in place for maintenance of these - Wood work throughout the home on architraves and doors has been fitted with PVC for a hygienic finish, water stain has been removed - All areas in the home have been cleaned and new records introduced to aid maintenance of this - new cleaning records have been introduced to ensure a more robust system is in place to ensure the cleanliness of residents' bedrooms are maintained - blinds have been ordered for identified bedrooms to promote more privacy
<p>Requirement 2</p> <p>Ref: Regulation 19(1)(a), schedule 3, (3)(k)</p> <p>Following discussion</p>	<p>It is required that the registered person shall maintain contemporaneous notes of all nursing provided to the patient.</p> <ul style="list-style-type: none"> • Repositioning charts must be accurately maintained to evidence the care delivered. • Review the data inputting of contemporaneous records to ensure records accurately reflect the time care and treatment is actually

<p>with senior management in RQIA it was agreed that, as some progress has been made to comply with the requirement, the registered person would be invited to a serious concerns meeting to discuss the inspection findings and to outline the planned corrective action.</p> <p>Stated: Third time</p> <p>To be Completed by:</p> <p>30 July 2015</p>	<p>delivered.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: An updated system is now available on the electronic record system used within the home to ensure repositioning and other records are contemporaneous.</p>
<p>Requirement 3</p> <p>Ref: Regulation 14(2)(c)</p> <p>Stated: First time</p> <p>To be Completed by:</p> <p>2 July 2015</p>	<p>The registered person must ensure that any electrical equipment which is damaged is removed from use immediately until it has been tested and deemed safe by an appropriately qualified person.</p> <p>The internal processes to ensure the safe management of equipment which does not pass the electrical PAT must be reviewed.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: A full review of the electrical PAT has been undertaken within the home and more robust measures are now in place to address items which do not pass</p>
<p>Requirement 4</p> <p>Ref: Regulation 27 (2)(d)</p> <p>Stated: First time</p> <p>To be Completed by:</p> <p>24 September 2015</p>	<p>The registered person must ensure that the décor in the home is maintained to an acceptable standard.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: A refurbishment plan which was already in place within the home has now been escalated and approval for new furnishings and furniture has been authorised which will enhance the home to a good standard</p>
<p>Recommendations</p>	
<p>Recommendation 1</p> <p>Ref: Standard 19.2</p>	<p>The manager must confirm that all nursing and care staff have received continence care training.</p>

Stated: Second time To be Completed by: 31 August 2015	Response by Registered Person(s) Detailing the Actions Taken: Contenance Care training has already taken place in the home and further training sessions have been organised over the incoming months		
Registered Manager Completing QIP	Jolly Joseph	Date Completed	03.08.15
Registered Person Approving QIP	Dr Claire Royston	Date Approved	03.08.15
RQIA Inspector Assessing Response	Karen Scarlett	Date Approved	17/8/15

Please ensure the QIP is completed in full and returned to nursing.team@rqia.org.uk from the authorised email address